



HEALTH ANNUAL STATEMENT
FOR THE YEAR ENDING DECEMBER 31, 2010
OF THE CONDITION AND AFFAIRS OF THE

Pro Care Health Plan, Inc.

NAIC Group Code 0000 (Current Period), 0000 (Prior Period) NAIC Company Code 11081 Employer's ID Number 38-3295207

Organized under the Laws of Michigan, State of Domicile or Port of Entry Michigan

Country of Domicile United States

Licensed as business type: Life, Accident & Health [], Property/Casualty [], Dental Service Corporation [], Vision Service Corporation [], Other [], Health Maintenance Organization [X], Hospital, Medical & Dental Service or Indemnity [], Is HMO, Federally Qualified? Yes [] No [X]

Incorporated/Organized 09/29/1995 Commenced Business 12/19/2000

Statutory Home Office 3968 Mount Elliott (Street and Number), Detroit, MI 48207 (City or Town, State and Zip Code)

Main Administrative Office 3968 Mount Elliott (Street and Number), Detroit, MI 48207 (City or Town, State and Zip Code), 313-925-4607 (Area Code) (Telephone Number)

Mail Address 3968 Mount Elliott (Street and Number or P.O. Box), Detroit, MI 48207 (City or Town, State and Zip Code)

Primary Location of Books and Records 3968 Mount Elliott (Street and Number), Detroit, MI 48207 (City or Town, State and Zip Code), (Area Code) (Telephone Number)

Internet Website Address Procarehp.com

Statutory Statement Contact (Name), (Area Code) (Telephone Number) (Extension), (E-mail Address), (FAX Number)

OFFICERS

Name	Title	Name	Title
Robin Cole RN, MBA	President, CEO	Harold Montgomery CPA	Treasurer
Nancy Quarles	Secretary	Julius McDougal #	CFO

OTHER OFFICERS

DIRECTORS OR TRUSTEES

Robin Cole RN, MBA	Berlinda Webb Member	Nancy Quarles Member	Harold Montgomery CPA
Claudia Austin Member			

State of

ss

County of

The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Robin Cole, RN,MBA President, CEO Harold Montgomery, CPA Treasurer Julius McDougal CFO

Subscribed and sworn to before me this day of ,

a. Is this an original filing? Yes [] No []

b. If no,

1. State the amendment number

2. Date filed

3. Number of pages attached

ANNUAL STATEMENT FOR THE YEAR 2010 OF THE Pro Care Health Plan, Inc.

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2010 OF THE Pro Care Health Plan, Inc.

EXHIBIT 3 - HEALTH CARE RECEIVABLES

[illegible]

EXHIBIT 4 – CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

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ANNUAL STATEMENT FOR THE YEAR 2010 OF THE Pro Care Health Plan, Inc.

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2010 OF THE Pro Care Health Plan, Inc.

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

[illegible]

EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups .....	.0	.0 0	1,823	100.0		
2. Intermediaries	1,890,953	50.3		.0 0	1,890,953	
3. All other providers .....	.0	.0 0		.0 0		
4. Total capitation payments	1,890,953	50.3	1,823	100.0	1,890,953	.0
Other Payments:						
5. Fee-for-service	1,868,397	49.7	XXX	XXX	1,868,397	
6. Contractual fee payments .....	.0	.0 0	XXX	XXX		
7. Bonus/withhold arrangements - fee-for-service .....	.0	.0 0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments .....	.0	.0 0	XXX	XXX		
9. Non-contingent salaries .....	.0	.0 0	XXX	XXX		
10. Aggregate cost arrangements .....	.0	.0 0	XXX	XXX		
11. All other payments .....	.0	.0 0	XXX	XXX		
12. Total other payments	1,868,397	49.7	XXX	XXX	1,868,397	0
13. Total (Line 4 plus Line 12)	3,759,350	100 %	XXX	XXX	3,759,350	0

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

[illegible]

EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1. Administrative furniture and equipment	212,713		0	0	0	0
2. Medical furniture, equipment and fixtures						
3. Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment						
6. Total	212,713	0	0	0	0	0



ANNUAL STATEMENT FOR THE YEAR 2010 OF THE Pro Care Health Plan, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Pro Care Health Plan, Inc. 2. (LOCATION)

NAIC Group Code	0000	BUSINESS IN THE STATE OF Michigan		DURING THE YEAR 2010				NAIC Company Code		11081
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	1,423								1,423	
2. First Quarter	1,634								1,634	
3. Second Quarter	1,664								1,664	
4. Third Quarter	1,612								1,612	
5. Current Year	1,823								1,823	
6. Current Year Member Months	19,862								19,862	
Total Member Ambulatory Encounters for Year:										
7. Physician	3,775								3,775	
8. Non-Physician	6,231								6,231	
9. Total	10,006	0	0	0	0	0	0	0	10,006	0
10. Hospital Patient Days Incurred	444								444	
11. Number of Inpatient Admissions	165								165	
12. Health Premiums Written (b).....	6,598,406								6,598,406	
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	0									
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	3,759,350								3,759,350	
18. Amount Incurred for Provision of Health Care Services	4,252,846								4,252,846	

(a) For health business: number of persons insured under PPO managed care products and number of persons under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes of fees \$



ANNUAL STATEMENT FOR THE YEAR 2010 OF THE Pro Care Health Plan, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Pro Care Health Plan, Inc. 2. (LOCATION)

NAIC Group Code	0000	BUSINESS IN THE STATE OF Consolidated		DURING THE YEAR 2010					NAIC Company Code		11081
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
		2	3								
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:											
1. Prior Year	1,423	0	0	0	0	0	0	0	1,423	0	
2. First Quarter	1,634	0	0	0	0	0	0	0	1,634	0	
3. Second Quarter	1,664	0	0	0	0	0	0	0	1,664	0	
4. Third Quarter	1,612	0	0	0	0	0	0	0	1,612	0	
5. Current Year	1,823	0	0	0	0	0	0	0	1,823	0	
6. Current Year Member Months	19,862	0	0	0	0	0	0	0	19,862	0	
Total Member Ambulatory Encounters for Year:											
7. Physician	3,775	0	0	0	0	0	0	0	3,775	0	
8. Non-Physician	6,231	0	0	0	0	0	0	0	6,231	0	
9. Total	10,006	0	0	0	0	0	0	0	10,006	0	
10. Hospital Patient Days Incurred	444	0	0	0	0	0	0	0	444	0	
11. Number of Inpatient Admissions	165	0	0	0	0	0	0	0	165	0	
12. Health Premiums Written (b).....	6,598,406	0	0	0	0	0	0	0	6,598,406	0	
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	
14. Property/Casualty Premiums Written.....	0	0	0	0	0	0	0	0	0	0	
15. Health Premiums Earned.....	0	0	0	0	0	0	0	0	0	0	
16. Property/Casualty Premiums Earned.....	0	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services	3,759,350	0	0	0	0	0	0	0	3,759,350	0	
18. Amount Incurred for Provision of Health Care Services	4,252,846	0	0	0	0	0	0	0	4,252,846	0	

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes of fees \$ 0

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ANNUAL STATEMENT FOR THE YEAR 2010 OF THE Pro Care Health Plan, Inc.

SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2010 OF THE Pro Care Health Plan, Inc.

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

[illegible]

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Reinsurance Ceded To Unauthorized Companies

[illegible]

SCHEDULE S - PART 5
Five-Year Exhibit of Reinsurance Ceded Business
(000 Omitted)

	1 2010	2 2009	3 2008	4 2007	5 2006
A. OPERATIONS ITEMS					
1. Premiums.....	0	0	0	0	0
2. Title XVIII-Medicare.....	0	0	0	0	0
3. Title XIX-Medicaid.....	93	72	42	32	30
4. Commissions and reinsurance expense allowance.....		0	0	0	0
5. Total hospital and medical expenses.....	4,253	2,817	0	0	0
B. BALANCE SHEET ITEMS					
6. Premiums receivable.....		0	0	0	0
7. Claims payable.....	1,882	1,389	0	0	0
8. Reinsurance recoverable on paid losses.....	0	0	0	0	0
9. Experience rating refunds due or unpaid.....		0	0	0	0
10. Commissions and reinsurance expense allowances unpaid.....		0	0	0	0
11. Unauthorized reinsurance offset.....	0	0	0	0	0
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
12. Funds deposited by and withheld from (F).....	0	0	0	0	0
13. Letters of credit (L).....	0	0	0	0	0
14. Trust agreements (T).....	0	0	0	0	0
15. Other (O).....	0	0	0	0	0

SCHEDULE S-PART 6
Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1	2	3
	As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	4,500,919		4,500,919
2. Accident and health premiums due and unpaid (Line 15).....	0		0
3. Amounts recoverable from reinsurers (Line 16.1).....	0		0
4. Net credit for ceded reinsurance.....	XXX	0	0
5. All other admitted assets (Balance).....	125,366		125,366
6. Total assets (Line 28)	4,626,285	0	4,626,285
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1).....	1,882,748	0	1,882,748
8. Accrued medical incentive pool and bonus payments (Line 2).....	0		0
9. Premiums received in advance (Line 8).....	0		0
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19).....	0		0
11. Reinsurance in unauthorized companies (Line 20).....	0		0
12. All other liabilities (Balance).....	535,142		535,142
13. Total liabilities (Line 24).....	2,417,890	0	2,417,890
14. Total capital and surplus (Line 33).....	2,208,035	XXX	2,208,035
15. Total liabilities, capital and surplus (Line 34)	4,625,925	0	4,625,925
NET CREDIT FOR CEDED REINSURANCE			
16. Claims unpaid.....	0		
17. Accrued medical incentive pool.....	0		
18. Premiums received in advance	0		
19. Reinsurance recoverable on paid losses	0		
20. Other ceded reinsurance recoverables	0		
21. Total ceded reinsurance recoverables	0		
22. Premiums receivable	0		
23. Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
24. Unauthorized reinsurance	0		
25. Other ceded reinsurance payables/offsets	0		
26. Total ceded reinsurance payables/offsets	0		
27. Total net credit for ceded reinsurance	0		

ANNUAL STATEMENT FOR THE YEAR 2010 OF THE Pro Care Health Plan, Inc.

SCHEDULE T – PART 2
INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN

Allocated By States and Territories

States, Etc.		Direct Business Only					Totals
		1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	
1. Alabama	AL						0
2. Alaska	AK						0
3. Arizona	AZ						0
4. Arkansas	AR						0
5. California	CA						0
6. Colorado	CO						0
7. Connecticut	CT						0
8. Delaware	DE						0
9. District of Columbia	DC						0
10. Florida	FL						0
11. Georgia	GA						0
12. Hawaii	HI						0
13. Idaho	ID						0
14. Illinois	IL						0
15. Indiana	IN						0
16. Iowa	IA						0
17. Kansas	KS						0
18. Kentucky	KY						0
19. Louisiana	LA						0
20. Maine	ME						0
21. Maryland	MD						0
22. Massachusetts	MA						0
23. Michigan	MI						0
24. Minnesota	MN						0
25. Mississippi	MS						0
26. Missouri	MO						0
27. Montana	MT						0
28. Nebraska	NE						0
29. Nevada	NV						0
30. New Hampshire	NH						0
31. New Jersey	NJ						0
32. New Mexico	NM						0
33. New York	NY						0
34. North Carolina	NC						0
35. North Dakota	ND						0
36. Ohio	OH						0
37. Oklahoma	OK						0
38. Oregon	OR						0
39. Pennsylvania	PA						0
40. Rhode Island	RI						0
41. South Carolina	SC						0
42. South Dakota	SD						0
43. Tennessee	TN						0
44. Texas	TX						0
45. Utah	UT						0
46. Vermont	VT						0
47. Virginia	VA						0
48. Washington	WA						0
49. West Virginia	WV						0
50. Wisconsin	WI						0
51. Wyoming	WY						0
52. American Samoa	AS						0
53. Guam	GU						0
54. Puerto Rico	PR						0
55. US Virgin Islands	VI						0
56. Northern Mariana Islands	MP						0
57. Canada	CN						0
58. Aggregate Other Alien	OT						0
59. Totals		0	0	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2010 OF THE Pro Care Health Plan, Inc.

SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

[illegible]

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

MARCH FILING		Responses
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	.....YES.....
2.	Will an actuarial opinion be filed by March 1?	.....YES.....
3.	Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	.....YES.....
4.	Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?	.....YES.....
APRIL FILING		
5.	Will Management's Discussion and Analysis be filed by April 1?	.....YES.....
6.	Will the Supplemental Investment Risks Interrogatories be filed by April 1?	.....YES.....
7.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	.....YES.....
JUNE FILING		
8.	Will an audited financial report be filed by June 1?	.....YES.....
9.	Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	.....YES.....
AUGUST FILING		
10.	Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1?	.....YES.....

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of **NO** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.









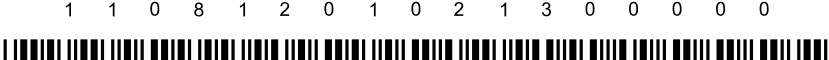

MARCH FILING		
11.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	.....NO.....
12.	Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	.....NO.....
13.	Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC?	.....NO.....
14.	Will the Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	.....SEE EXPLANATION.....
15.	Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	.....NO.....
16.	Will the actuarial opinion on non-guaranteed elements as required in Interrogatories 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	.....NO.....
17.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	.....NO.....
APRIL FILING		
18.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	.....NO.....
19.	Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	.....NO.....
20.	Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC?	.....NO.....
21.	Will the Supplemental Health Care Exhibit be filed with the state of domicile and the NAIC by April 1?	.....NO.....
22.	Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1?	.....NO.....
AUGUST FILING		
23.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	.....YES.....

EXPLANATION:

11.
12.
13.
14. Estate of Augustine Kole-James owns 100% of Stocks issued and outstanding. Requirement is 100 or more stockholders
15.
16.
17.
18.
19.
20.
21.
22.

BAR CODE:

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

12.	 1 1 0 8 1 2 0 1 0 2 0 5 0 0 0 0 0
13.	 1 1 0 8 1 2 0 1 0 2 0 7 0 0 0 0 0
15.	 1 1 0 8 1 2 0 1 0 3 7 1 0 0 0 0 0
16.	 1 1 0 8 1 2 0 1 0 3 7 0 0 0 0 0 0
17.	 1 1 0 8 1 2 0 1 0 3 6 5 0 0 0 0 0
18.	 1 1 0 8 1 2 0 1 0 3 0 6 0 0 0 0 0
19.	 1 1 0 8 1 2 0 1 0 2 1 1 5 9 0 0 0
20.	 1 1 0 8 1 2 0 1 0 2 1 3 0 0 0 0 0
21.	 1 1 0 8 1 2 0 1 0 2 1 6 5 9 0 0 0
22.	 1 1 0 8 1 2 0 1 0 2 1 7 0 0 0 0 0

OVERFLOW PAGE FOR WRITE-INS

M014 Additional Aggregate Lines for Page 14 Line 25.
*EXEXP - Underwriting and Investment Exhibit - Part 3

	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses	3 General Administrative Expenses	4 Investment Expenses	5 Total
2504. Payroll service fees.....			3,565		3,565
2505. Subscription and Publications.....			432		432
2506. Contributions.....			21,558		21,558
2507. Credentialing expense.....			5,960		5,960
2508. Software expense.....			23,952		23,952
2509. Fine & penalties.....					0
2510. Meal / entertainment.....			6,773		6,773
2511. MBT (State income tax).....			121,486		121,486
2512. Janitorial expenses.....					0
2513. Membership fees.....			21,075		21,075
2514. Miscellaneous exp.....			2,106		2,106
2515. Repair & Maintenance.....					0
2516. Delivery expense.....			1,009		1,009
2517. Federal tax expense.....					0
2518. Security expense.....			5,996		5,996
2519. Lease expense.....			8,118		8,118
2520. Administrative revenue - Affiliate.....			(40,583)		(40,583)
2597. Summary of remaining write-ins for Line 25 from Page 14	0	0	181,447	0	181,447

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